

REMOVE AND USE MAILING LABEL

| CT-WH CONNECTICUT WITHHOLDING TAX PAYMENT FORM | | |
|--|----------------------------|--|
| CONNECTICUT TAX REGISTRATION NUMBER | FEDERAL EMPLOYER ID NUMBER | YEAR |
| If Name, Address and/or Identification Number(s) are incorrect, please complete Form CTC located in the back of this booklet. | | 1. ENTER QUARTER (1, 2, 3 or 4) (See instructions) |
| | | 2. CONNECTICUT TAX WITHHELD |
| <p> SUBMIT ORIGINAL COUPON ONLY. THIS IS A MACHINE READABLE DOCUMENT PERSONALIZED TO YOUR BUSINESS. </p> | | |
| <p> • See instructions for filing requirements. • Do not file this Form CT-WH if no payment is due. • Pay total amount shown on Line 2. • If filing by mail, use attached mailing label to send payment to: DRS, PO Box 5055, Hartford CT 06102-5055 Make your check payable to: Commissioner of Revenue Services. Write your Connecticut Tax Registration Number on your check. </p> | | |
| Electronic Filing Options: Connecticut Fast-File File by Internet: www.ct.gov/DRS or Telephone: 860-947-1988 For more information, see inside front cover of this book. | | |

REMOVE AND USE MAILING LABEL

| CT-941 CONNECTICUT QUARTERLY RECONCILIATION OF WITHHOLDING | | | |
|---|----------------------------|--|----------|
| File by Internet: www.ct.gov/DRS or Telephone: 860-947-1988 | | | |
| CONNECTICUT TAX REGISTRATION NUMBER | FEDERAL EMPLOYER ID NUMBER | QUARTER | DUE DATE |
| If Name, Address and/or Identification Number(s) are incorrect, please complete Form CTC located in the back of this booklet. | | * READ NEW INSTRUCTIONS BEFORE COMPLETING | |
| <input type="checkbox"/> Check if you are a household employer. <input type="checkbox"/> Check if you no longer have employees in Connecticut and enter date of last payroll: _____ | | 1. GROSS WAGES ▶ 1. _____ 00 2. GROSS CONNECTICUT WAGES ▶ 2. _____ 00 3. CONNECTICUT TAX WITHHELD ▶ 3. _____ 00 4. CREDIT FROM PRIOR QUARTER ▶ 4. _____ 00 5. PAYMENTS MADE THIS QUARTER ▶ 5. _____ 00 6. TOTAL PAYMENTS (Add Line 4 and Line 5) ▶ 6. _____ 00 7. NET TAX DUE (OR CREDIT) (Line 3 minus Line 6) ▶ 7. _____ 00 8a. PENALTY: ▶ + 8b. INTEREST: ▶ = 8. _____ 00 9. AMOUNT TO BE CREDITED* ▶ 9. _____ 00 10. AMOUNT TO BE REFUNDED* ▶ 10. _____ 00 11. TOTAL AMOUNT DUE (Add Line 7 and Line 8) ▶ 11. _____ 00 | |
| SUBMIT ORIGINAL COUPON ONLY. THIS IS A MACHINE READABLE DOCUMENT PERSONALIZED TO YOUR BUSINESS. DRS, PO Box 2931, Hartford CT 06104-2931 | | | |
| I declare under the penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. | | | |
| SIGNATURE _____ | | | |
| TITLE _____ DATE _____ | | | |

| Schedule A Monthly Summary of Connecticut Tax Liability (See instructions) | | | |
|--|----------------------------|---------------------------|-----------------------------|
| (a) First Month Liability | (b) Second Month Liability | (c) Third Month Liability | Total Liability for Quarter |
| | | | |

| Schedule B Employer's Record of Connecticut Tax Liability (Show tax liability here, not deposits. See instructions.) | | | | | | | | | | | |
|--|----|--|--|-----------------------------|----|--|--|----------------------------|----|--|--|
| (A) First Month of Quarter | | | | (B) Second Month of Quarter | | | | (C) Third Month of Quarter | | | |
| 1 | 17 | | | 1 | 17 | | | 1 | 17 | | |
| 2 | 18 | | | 2 | 18 | | | 2 | 18 | | |
| 3 | 19 | | | 3 | 19 | | | 3 | 19 | | |
| 4 | 20 | | | 4 | 20 | | | 4 | 20 | | |
| 5 | 21 | | | 5 | 21 | | | 5 | 21 | | |
| 6 | 22 | | | 6 | 22 | | | 6 | 22 | | |
| 7 | 23 | | | 7 | 23 | | | 7 | 23 | | |
| 8 | 24 | | | 8 | 24 | | | 8 | 24 | | |
| 9 | 25 | | | 9 | 25 | | | 9 | 25 | | |
| 10 | 26 | | | 10 | 26 | | | 10 | 26 | | |
| 11 | 27 | | | 11 | 27 | | | 11 | 27 | | |
| 12 | 28 | | | 12 | 28 | | | 12 | 28 | | |
| 13 | 29 | | | 13 | 29 | | | 13 | 29 | | |
| 14 | 30 | | | 14 | 30 | | | 14 | 30 | | |
| 15 | 31 | | | 15 | 31 | | | 15 | 31 | | |
| 16 | | | | 16 | | | | 16 | | | |
| Total for first month A | | | | Total for second month B | | | | Total for third month C | | | |
| Total Liability for Quarter (add amounts from A, B, and C) | | | | | | | | | | | |
| This should equal Line 3 on the front of this form. ▶ | | | | | | | | | | | |

CT-941 BACK

CT-W3 CONNECTICUT ANNUAL RECONCILIATION OF WITHHOLDING

CONNECTICUT TAX REGISTRATION NUMBER

FEDERAL EMPLOYER ID NUMBER

DUE DATE

If Name, Address and/or Identification Number(s) are incorrect, please complete **Form CTC** located in the back of this booklet.

1. CONNECTICUT TAX WITHHELD FROM WAGES (*See instructions*) ▶ 1.

00

2. TOTAL CONNECTICUT WAGES REPORTED ▶ 2.

00

3. NUMBER OF W-2s SUBMITTED ▶ 3.

NOTE: DO NOT SEND A PAYMENT WITH THIS RETURN.

DEPARTMENT OF REVENUE SERVICES
PO BOX 2930
HARTFORD CT 06104-2930

SUBMIT ORIGINAL COUPON ONLY.
THIS IS A MACHINE READABLE DOCUMENT
PERSONALIZED TO YOUR BUSINESS.

I declare under the penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

SIGNATURE

TITLE

DATE

PART A: Complete for each period

| PERIOD | | CONNECTICUT INCOME TAX WITHHELD FROM WAGES |
|----------------------------|----------------|---|
| JANUARY 1 - MARCH 31 | 1ST QUARTER | |
| APRIL 1 - JUNE 30 | 2ND QUARTER | |
| JULY 1 - SEPTEMBER 30 | 3RD QUARTER | |
| OCTOBER 1 - DECEMBER 31 | 4TH QUARTER | |
| TOTAL | | |

Include the "state copy" of all wage and tax statements (Copy 1 of the optional six-part federal Form W-2 or equivalent) reporting Connecticut wages paid during the calendar year with this return.

If you are required by the IRS to file copies of federal Form W-2 on magnetic media, you **must** file these forms on magnetic media with DRS. However, if you file 24 or fewer W-2 forms with DRS, you may be excused from the magnetic media filing requirements without obtaining a waiver.

For new information regarding magnetic media reporting requirements, visit the DRS Web site at **www.ct.gov/DRS** or call DRS at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). TTY, TDD, and Text Telephone users **only** may transmit inquiries by calling 860-297-4911.

◀ This should equal Line 1 on the front of this form.

PART B: Check the appropriate box below, to indicate your deposit schedule for **federal** withholding tax purposes.

☐ Monthly☐ Semiweekly☐ Other

(please specify)

CT-W3 Back

CT-8109 CONNECTICUT WITHHOLDING TAX PAYMENT FORM FOR NONPAYROLL AMOUNTS

CONNECTICUT TAX REGISTRATION NUMBER

FEDERAL EMPLOYER ID NUMBER

YEAR

If Name, Address and/or Identification Number(s) are incorrect,
please complete **Form CTC** located in the back of this booklet.

1. ENTER QUARTER (1, 2, 3 or 4)
(See instructions)

2. CONNECTICUT TAX WITHHELD

SUBMIT ORIGINAL COUPON ONLY.
THIS IS A MACHINE READABLE DOCUMENT
PERSONALIZED TO YOUR BUSINESS.

- See instructions for filing requirements.
- **Do not file this Form CT-8109 if no payment is due.**
- Pay total amount shown on Line 2.
- If filing by mail, use attached mailing label to send payment to:
DRS, PO Box 5055, Hartford CT 06102-5055
Make your check payable to: Commissioner of Revenue Services.
Write your Connecticut Tax Registration Number on your check.

Electronic Filing Options: **Connecticut Fast-File**

File by Internet: **www.ct.gov/DRS**

For more information, see inside front cover of this book.

CT-945 CONNECTICUT ANNUAL RECONCILIATION OF WITHHOLDING FOR NONPAYROLL AMOUNTS

File by Internet: **www.ct.gov/DRS**

CONNECTICUT TAX REGISTRATION NUMBER

FEDERAL EMPLOYER ID NUMBER

DUE DATE

If Name, Address and/or Identification Number(s) are incorrect,
please complete Form CTC located in the back of this booklet.

- ☐ Semiweekly schedule depositor completing Schedule CT-945-A.
☐ Check if you are no longer making payments of nonpayroll
amounts subject to withholding and enter date of last payment _____

SUBMIT ORIGINAL COUPON ONLY.
THIS IS A MACHINE READABLE DOCUMENT
PERSONALIZED TO YOUR BUSINESS.

DRS, PO Box 2931, Hartford CT 06104-2931

I declare under penalty of law that I have examined this return
(including any accompanying schedules and statements) and, to
the best of my knowledge and belief, it is true, complete, and correct.

******* READ INSTRUCTIONS BEFORE COMPLETING *******

| | | | |
|--|-------------------|------|----|
| 1. GROSS NONPAYROLL AMOUNTS | ► 1. | | 00 |
| 2. GROSS CONNECTICUT NONPAYROLL AMOUNTS | ► 2. | | 00 |
| 3. CONNECTICUT TAX WITHHELD | ► 3. | | 00 |
| 4. CREDIT FROM PRIOR YEAR | ► 4. | | 00 |
| 5. PAYMENTS MADE FOR THIS YEAR | ► 5. | | 00 |
| 6. TOTAL PAYMENTS (Add Line 4 and Line 5) | ► 6. | | 00 |
| 7. NET TAX DUE (OR CREDIT) (Line 3 minus Line 6) | ► 7. | | 00 |
| 8a. PENALTY: ► | + 8b. INTEREST: ► | = 8. | 00 |
| 9. AMOUNT TO BE CREDITED | ► 9. | | 00 |
| 10. AMOUNT TO BE REFUNDED | ► 10. | | 00 |
| 11. TOTAL AMOUNT DUE (Add Line 7 and Line 8) | ► 11. | | 00 |

SIGNATURE _____

TITLE _____

DATE _____

Instructions for Completing Back of Form CT-945

All Filers: If Line 3 on the front of **Form CT-945** is less than \$500, you need not complete the *Monthly Summary of Connecticut Tax Liability*, below.

Semiweekly schedule depositors: Do not complete the *Monthly Summary of Connecticut Tax Liability*, below. Instead, you must complete **Schedule CT-945-A, Annual Record of Withheld Connecticut Income Tax**, and attached it to **Form CT-945**.

Monthly schedule depositors: Complete the *Monthly Summary of Connecticut Tax Liability*, below.

Monthly Summary of Connecticut Tax Liability (Show tax liability here, not deposits. See instructions.)

| Month | | Tax Liability for Month | | Month | | Tax Liability for Month | | Month | | Tax Liability for Month | |
|--|----------|-------------------------|----|-------|--------|-------------------------|----|-------|-----------|-------------------------|----|
| A | January | | 00 | E | May | | 00 | I | September | | 00 |
| B | February | | 00 | F | June | | 00 | J | October | | 00 |
| C | March | | 00 | G | July | | 00 | K | November | | 00 |
| D | April | | 00 | H | August | | 00 | L | December | | 00 |
| M Total liability for year (add Lines A through L) This should equal Line 3 on the front of this return. | | | | | | | | | | M | 00 |

CT-941 BACK

CT-1096 CONNECTICUT ANNUAL SUMMARY AND TRANSMITTAL OF INFORMATION RETURNS ▶

| | | |
|--|----------------------------|----------|
| CONNECTICUT TAX REGISTRATION NUMBER ▶ | FEDERAL EMPLOYER ID NUMBER | DUE DATE |
|--|----------------------------|----------|

If Name, Address and/or Identification Number(s) are incorrect, please complete **Form CTC** located in the back of this book.

| | | |
|--|--|----|
| 1. CONNECTICUT INCOME TAX WITHHELD FROM NONPAYROLL AMOUNTS (See instructions) ▶ 1. | | 00 |
| 2. TOTAL NONPAYROLL AMOUNT REPORTED WITH FORM CT-1096 ▶ 2. | | 00 |
| 3. NUMBER OF 1099s AND W-2Gs SUBMITTED ▶ 3. | | |

NOTE: DO NOT SEND A PAYMENT WITH THIS RETURN.

DEPARTMENT OF REVENUE SERVICES
PO BOX 5081
HARTFORD CT 06102-5081

SUBMIT ORIGINAL COUPON ONLY.
THIS IS A MACHINE READABLE DOCUMENT
PERSONALIZED TO YOUR BUSINESS.

I declare under the penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

SIGNATURE _____

TITLE _____

DATE _____

REMOVE AND USE MAILING LABEL ▲

Complete for Each Period

| Period | | Connecticut Income Tax Withheld From Nonpayroll Amounts | |
|-------------------------|-------------|---|----|
| JANUARY 1 - MARCH 31 | 1ST QUARTER | | 00 |
| APRIL 1 - JUNE 30 | 2ND QUARTER | | 00 |
| JULY 1 - SEPTEMBER 30 | 3RD QUARTER | | 00 |
| OCTOBER 1 - DECEMBER 31 | 4TH QUARTER | | 00 |
| TOTAL | | | 00 |

If you are required to file a federal Form 1096, you must file Form CT-1096. Attach every "state copy" of the following (see instructions):

- Federal Form W-2G;
- Federal Form 1098;
- Federal Form 1099-MISC;
- Federal Form 1099-R;
- Federal Form 1099-S.

If you are required by the IRS to file copies of federal Forms 1098, 1099, or W-2G on magnetic media, you **must** file these forms on magnetic media with DRS. However, if you file 24 or fewer Forms 1098, 1099, or W-2G, with DRS, you may be excused from the magnetic media filing requirements for that particular type of informational return without obtaining a waiver.

For new information regarding magnetic media reporting requirements, visit the DRS Web site at **www.ct.gov/DRS** or call DRS at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). TTY, TDD, and Text Telephone users **only** may transmit inquiries by calling 860-297-4911.

◀ This should equal Line 1 on the front of this return.

CT-1096 Back

| CTC | | WITHHOLDING CORRECTION / REORDER FORM | | | | | | | |
|--|----------------------------|--|--|------|---------|------|-------|----------|--------------|
| Enter below any change to name or mailing address and continue to use this coupon book . If Federal Employer Identification Number or Connecticut Tax Registration Number is listed incorrectly, see back. Any change in ownership requires a new Connecticut Tax Registration Number and a new coupon book. | | | | | | | | | |
| CONNECTICUT TAX REGISTRATION NUMBER | FEDERAL EMPLOYER ID NUMBER | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SEE BACK FOR REORDER INFORMATION</p> <p>DEPARTMENT OF REVENUE SERVICES</p> <p>PO BOX 2937</p> <p>HARTFORD CT 06104-2937</p> <ul style="list-style-type: none"> Please use the attached mailing label. Do not send this form with any other forms. </div> <div style="width: 50%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">NAME</td></tr> <tr><td style="padding: 2px;">ADDRESS</td></tr> <tr> <td style="padding: 2px;">CITY</td> <td style="padding: 2px;">STATE</td> <td style="padding: 2px;">ZIP CODE</td> </tr> <tr><td style="padding: 2px;">PHONE NUMBER</td></tr> </table> </div> </div> | | | | NAME | ADDRESS | CITY | STATE | ZIP CODE | PHONE NUMBER |
| NAME | | | | | | | | | |
| ADDRESS | | | | | | | | | |
| CITY | STATE | ZIP CODE | | | | | | | |
| PHONE NUMBER | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SIGNATURE _____</p> <p>TITLE _____</p> </div> <div style="width: 50%;"> <p>DATE _____</p> </div> </div> | | | | | | | | | |

CHECK APPROPRIATE BOX FOR COUPON REORDER

☐ Employer's (Form CT-WH) Book Damaged or Destroyed

☐ Payer of Nonpayroll Amounts (Form CT-8109) Book Damaged or Destroyed

☐ Additional Form CT-WH Coupons Needed For Current Year

☐ Additional Form CT-8109 Coupons Needed For Current Year

☐ CT Tax Reg. Number(s) is Incorrect: ☐ Employer ☐ Payer of Nonpayroll Amounts

Enter Correct CT Tax Reg. Number(s): Employer _____

Payer of Nonpayroll Amounts _____

Explain _____

☐ FEIN Is Incorrect. Enter Correct FEIN _____

Explain _____

CTC BACK